

VACCINE ADMINISTRATION RECORD

The doctor or clinic may keep this record in your medical file or your child's medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

INFLUENZA: I have read or have had explained to me the information about influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me or the person named below from whom I am authorized to make this request.

PNEUMOCOCCAL: I have read or have had explained to me the information about pneumococcal and pneumococcal vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of pneumococcal vaccine and ask that the vaccine be given to me or the person named below from whom I am authorized to make this request.

☐ **Influenza Vaccine**

☐ **Pneumonia Vaccine**

Information about person to receive vaccine. (PLEASE PRINT)						
Last Name:		First Name		Middle Initial	Birthdate	Age
						M F
Street/Road Address:		City	County:	State:	Zip Code:	Phone Number:
			Grant	WI		
Signature of person to receive vaccine or person authorized to make the request (parent or Guardian) and (if eligible) authorization to release this information to Medicare Part B/ Medicaid/Insurance to process this claim.						
I acknowledge that I have received a copy of the Grant County Health Department Notice of Privacy Practice and Vaccine Information Statement and have been given an opportunity to discuss concerns. I consent to have my protected health information used for treatment, payment, and health care operations. Information may be shared through the WIR (Wisconsin Immunization Registry).						
X _____ Date _____						

2009-2010 Flu Season

☐ **PAID** \$25.00 / \$33.00 (Cash / Check)

☐ **VFC Vaccine** (18 yrs & younger only)
☐ MA -If yes, put # here _____

☐ **BILL** _____

☒ **Medicare** (Medicare #): _____
 Replacement Insurance Co: _____
 Insurance #: _____

☒ **Medical Assistance**
 HMO Insurance Co: _____
 MA Number: _____

☒ **Insurance Name & Number:** _____

☐ _____

Date Vaccine Administered:

Signature & Title of Vaccine Administrator:

Registered Nurse

INFLUENZA VACCINE: *Right Deltoid*

- ☒ Sanofi Pasteur U3204AA (6/30/10)
- ☒ Sanofi Pasteur U3201AA (6/30/10)
- ☒ Sanofi Pasteur (Pres-Free) U3176FA (6/30/10)
- ☒ Novartis (4 years +) 97845P2 (6/30/10)
- ☐ _____ Lot # _____ Exp _____

VFC VACCINE: (No Charge) (18 yrs & younger only)

- ☒ Sanofi Pasteur U3208AA (6/30/10)
- ☒ Sanofi Pasteur Lot # _____ Exp _____
- ☒ Sanofi Pasteur PresFree Lot # _____ Exp _____
- ☒ MedImmune (FluMist) 500687P (12/21/09)

PNEUMONIA VACCINE: *Left Deltoid*

- ☒ Merck Lot #0627Y (11/10/10)
- ☒ Merck Lot # _____ Exp _____